UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

PROTON PUMP INHIBITORS (Aciphex, Nexium, Prevacid, Prilosec, Protonix)

Patient name:	Medicaid or SS#	
Physician Name:	Contact person_	
Phone#:	_Extensions and options	Fax #
Pharmacy Name:	Pharmacy Phone Number:	
Medication and Dose Requested		
All information to be le	gible, complete and cor	rect or form will be returned

INFORMATION:

Once a day dosing does not require an authorization.

- Prilosec OTC needs to have been tried and failed before Omeprazaole or brand Prilosec will be authorized BID.
- Prilosec OTC is covered for twice daily dosing without an authorization.

CRITERIA:

Twice daily dosing is allowed with a prior approval for presenting acute states of **GERD**, **ulcers**, or **hypersecretory conditions**.

Documentation required:

- ► Copy of Endoscopy report done within the past 2 years showing GERD or ulcers.
- Copy of Hypersecretory study showing the hypersecretory condition.

AUTHORIZATION:

2 months

RE-AUTHORIZATION:

After the 2 months they will either have to go back to once a day dosing or seek special approval through the Drug Utilization Review Board.